

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038522

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 185

FILED NOV 13 1962

VS 300
Rev. 4/59

1 0465
2 0460
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4 0
5 1
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7 1
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9 241X
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12 5-0
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i>		c. CITY OR TOWN <i>West Plains</i>	
Length of stay in 1b <i>hours</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>W.P. Memorial Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>Davis Creek Rte.</i>	
3. NAME OF DECEASED (Type or print) <i>William C. Mapes</i>		4. DATE OF DEATH Month <i>October</i> Day <i>29</i> Year <i>1962</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-27-1887</i>
9. AGE (last birthday) <i>75 years</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>	
11. BIRTHPLACE (City and state of country) <i>Tindley, Ohio</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John A. Mapes</i>		13b. MOTHER'S MAIDEN NAME <i>Inez George</i>	
14. NAME OF HUSBAND OR WIFE <i>Pearl A. Lavelly</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. W. C. Mapes, West Plains, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Branchial Arterian Congenital Decompensation Coronary Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. b. <i>none</i> c. <i>none</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>10:25 p.m.</i> Month, Day, Year <i>15-10-62</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>West Plains, Mo.</i>		
20g. COUNTY		20h. STATE	
21. I attended the deceased from <i>15-10-62</i> to <i>29-10-62</i> and last saw him alive on <i>29-10-62</i> Death occurred at <i>10:25 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.C.D.</i>		22b. ADDRESS <i>West Plains, Mo.</i>	
22c. DATE SIGNED <i>11-2-62</i>		23. NAME OF CEMETERY OR CREMATORY <i>Homeland Cemetery</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>11-2-1962</i>	
23c. LOCATION (City, town, or county) <i>West Plains, Missouri</i>		23d. (State)	
24. FUNERAL DIRECTOR <i>Robertsons', West Plains, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>11-6-62</i>	
26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

5

NOV 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. H. Parker

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.